

10/10

| POSITION                         | INITIALS  | ID NO.        | DATE            |
|----------------------------------|-----------|---------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>CH</i> | <i>10001</i>  | <i>10/09/00</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |           | <i>199500</i> |                 |
| <b>FORMALITY REVIEW</b>          | <i>CH</i> | <i>811</i>    | <i>10/05/00</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |           |               |                 |
|                                  |           |               |                 |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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